

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/558436

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		2				
6		1				
7		1				
8		1				
9		1				
10		1				
11		2				
12		2				
13		2				
14		2				
15		2				
16		1				
17	1					
18		1				
19		1				
20		2				
21		2				
22		1				
23		1				
24		1				
25		1				
26		1				
27		2				
28		2				
29		2				
30		2				
31		2				
32	1					
33		1				
34		1				
35		2				
36		2				
37		2				
38		2				
39		1				
40	1					
41		1				
42		1				
43		1				
44		1				
45		1				
46	1					
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53		1				
54		1				
55		1				
56		1				
57		2				
58		2				
59		2				
60		2				
61		2				
62		2				
63		1				
64		1				
65	1					
66		1				
67		1				
68		1				
69		1				
70		2				
71		2				
72		2				
73		2				
74		2				
75		1				
76		1				
77	1					
78		1				
79		1				
80		1				
81		1				
82		2				
83		2				
84		2				
85		2				
86		2				
87		1				
88		1				
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	114	←		←		←
TOTAL CLAIMS	122					